

Client: Example Client ABC123  
123 Test Drive  
Salt Lake City, UT 84108  
UNITED STATES

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** Unknown  
**Gender:** Female  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Hemophilia A (F8) 2 Inversions with Reflex to Sequencing and Reflex to Deletion/Duplication**

ARUP test code 3004232

F8 COMP Specimen whole blood

Family History for Hemophilia A (F8) Unknown

Symptoms for Hemophilia A (F8) Unknown

Hemophilia A (F8) Interpretation Positive

H=High, L=Low, \*=Abnormal, C=Critical

Inversion Analysis: Negative for pathogenic variants, therefore, F8 sequencing was performed.  
Sequencing: Negative for pathogenic variants, therefore, F8 deletion/duplication testing was performed.  
Deletion/Duplication Analysis: Positive for a pathogenic variant.

INDICATION FOR TESTING  
Confirm diagnosis.

RESULT  
One pathogenic variant was detected in the F8 gene.

PATHOGENIC VARIANT  
Gene: F8 (NM\_000132.4)  
Nucleic Acid Change: Deletion of exon 26; Hemizygous  
Inheritance: X-linked

INTERPRETATION  
One pathogenic variant, deletion of exon 26, has been identified in the F8 gene by Multiplex Ligation-dependent Probe Amplification (MLPA) analysis. This molecular result is consistent with a diagnosis of hemophilia A. All of this individual's female offspring, and none of the male offspring, will inherit the variant.

Since this deletion includes the last exon of the F8 gene, and the breakpoints of the deletion cannot be determined by this assay, the deletion may extend downstream of the F8 gene.

No pathogenic variants were detected by inversion testing or massively parallel sequencing. Please refer to the background information included in this report for the clinical sensitivity and limitations of this test.

Evidence for variant classification:  
The deletion of exon 26 in the F8 gene has been described in several individuals affected with severe hemophilia A (see link to F8 database and references therein, Rydz 2013) and is considered pathogenic. This deletion occurs in the last exon of the F8 gene, therefore the deletion may extend downstream of the F8 gene.

RECOMMENDATIONS  
This individual should be followed at a hemophilia treatment center. Genetic consultation is indicated, including a discussion of medical screening and management. At risk family members should be offered testing for the identified pathogenic variant (Deletion/Duplication Analysis by MLPA, ARUP test code 3003144).

COMMENTS  
Likely benign and benign variants are not reported.

REFERENCES  
Link to F8 database: <http://www.factorviii-db.org/>

Rydz N et al. The Canadian "National Program for hemophilia mutation testing" database: a ten-year review. Am J Hematol. 2013 Dec;88(12):1030-4. PMID: 23913812.

This result has been reviewed and approved by [REDACTED]

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**BACKGROUND INFORMATION:** Hemophilia A (F8) 2 Inversions with Reflex to Sequencing and Reflex to Deletion/Duplication

**CHARACTERISTICS:** Hemophilia A is characterized by deficiency of factor VIII clotting activity. Less than 1 percent factor VIII activity results in severe deficiency associated with spontaneous joint or deep muscle bleeding. Moderate deficiency (1-5 percent activity) and mild deficiency (6-40 percent activity) are associated with prolonged bleeding after tooth extractions, surgery, or injuries, and recurrent or delayed wound healing. Female carriers of hemophilia A may have increased bleeding tendencies.

**EPIDEMIOLOGY:** 1 in 5,000 live male births worldwide

**CAUSE:** Pathogenic F8 germline variants

**INHERITANCE:** X-linked recessive. In the estimated 30 percent of cases that appear to be de novo, the mother is found to be a carrier at least 80 percent of the time.

**PENETRANCE:** 100 percent in males. Approximately 30 percent of female carriers have factor VIII activity levels of less than 40 percent and are at risk for bleeding symptoms typically consistent with mild hemophilia A.

**CLINICAL SENSITIVITY:** 98 percent

**GENE TESTED:** F8 (NM\_000132.4)

**METHODOLOGY:** F8 intron 22-A and intron 1 inversions detected by inverse PCR and electrophoresis. Capture of all coding exons and exon-intron junctions of the F8 gene, followed by massively parallel sequencing. Sanger sequencing performed as necessary to fill in regions of low coverage and confirm reported variants. Multiplex ligation-dependent probe amplification (MLPA) of the F8 gene.

**ANALYTICAL SENSITIVITY/SPECIFICITY:** The analytical sensitivity and specificity for inversion analysis and MLPA is 99 percent. The analytical sensitivity of sequencing is approximately 99 percent for single nucleotide variants (SNVs) and greater than 93 percent for insertions/duplications/deletions from 1-10 base pairs in size. Variants greater than 10 base pairs may be detected, but the analytical sensitivity may be reduced.

**LIMITATIONS:** A negative result does not exclude a diagnosis of or carrier status for hemophilia A. This test only detects variants within the coding regions and intron-exon boundaries of the F8 gene. Variants in regions that are not included in the preferred transcript are not detected. Regulatory region variants and deep intronic variants, other than the type 1 or type 2 intron 22-A and intron 1 inversions, will not be identified. Rare F8 intron 22-A and intron 1 inversions with different breakpoints may not be detected by this assay. Breakpoints for large deletions/duplications will not be determined. Single exon deletion/duplications may not be detected based on the breakpoints of the rearrangement. Deletions/duplications/insertions of any size may not be detected by massively parallel sequencing. Diagnostic errors can occur due to rare sequence variations. In some cases, variants may not be identified due to technical limitations in the presence of pseudogenes, repetitive, or homologous regions. This assay may not detect low-level mosaic or somatic variants associated with disease. Interpretation of this test result may be impacted if this patient has had an allogeneic stem cell transplantation. Noncoding transcripts were not analyzed.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

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VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
F8 COMP Specimen	21-333-105546	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Family History for Hemophilia A (F8)	21-333-105546	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Symptoms for Hemophilia A (F8)	21-333-105546	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemophilia A (F8) Interpretation	21-333-105546	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com  
500 Chipeta Way, Salt Lake City, UT 84108-1221  
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 21-333-105546  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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